PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

CLAIMS AS FILED - PART I								SKALL ENTITY			OTHER THAN		
			(Column 1) (Colu		ımn 2)	TYPE !			OR	SMALL	EKTITY		
TOTAL CLAIMS								RATE	FEE]	RATE	FEE	
FOR-			NUMBER FILED		NUMBER EXTRA			BASIC FE	395.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			minus 20= *		•			X\$ 25		OR	X501=		
INDEPENDENT CLAIMS			minus 3 =		<u> </u>			X100=		OR	X200=		
Mi	JLTIPLE DEFEI	NDENT CLAIM P	RESENT					+150=		OR	+300=		
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2				•	TOTAL		OR	TOTAL		
	Ċ	LAIMS AS	MENDED - PART II					-	-	¯ , .	OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)				SMALL ENTITY			OR			
AMENDMENTA	2/21/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		BATE	ADDI- TIONAL FEE	
	Total	. 35	Minus	- 2	32	=3		X5=		OR	X\$50=	150 ^w	
	Independent	NTATION OF M	Minus			=		X 140		OR	X200=		
	ring i Friede	MANONOFR	ochree be	PENJERI	CDOM			+150=	·	OR	+300=		
								TOTAL		OR	TOTAL ADDIT, FEE		
		P	OOIT, FEE			RUUH. FEEI							
	 	(Column 1)	 	(Colun		(Column 3)	1 -			· ·	 -	4551	
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	EER OUSLY	PRESENT EXTRA		FATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	4 .	Maus	1.4	1	=		~XX=	· ·	OR	XS(5) =		
	Independent	¢	Minus	***		=		X 100=		OR	×200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+300=		
							L	TOTAL		L	TOTAL		
								DOIT, FEE		OR	ADDIT. FEE	{	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER - AMENOMENT		HIGHE NUMB PREVÍO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL ,FEE	
	Total	•	Minus ·	**		=		X25'=		OR	X\$50=		
	Independent	AUTATION OF 1"	Minus	ENDENT		<u>.</u>		×100 =		OR	X200:		
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+300=		
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter ""." 							TOTAL DOIT, FEE		ori ,	TOTAL DDIT, FEE		
	r the "Highest Nur The "Highest Nurr	fiber Previously Pai ber Previously Pai	us For IN THI d For (Total or	S SPACE is Independe	iess tha nt) is the	n 3, enter highest ment e	r foun	d in the app	copriate box	in cpt	mn 1		